

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Alliance for a Better Minnesota Federal PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564013	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Dixon/Davis Media Group LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>	
Mailing Address 1028 33rd St NW Ste 300		Amount <b>25000.00</b>	
City Washington	State DC	Zip Code 20007-3571	Transaction ID : <b>SE.4207</b>
Purpose of Expenditure Media Production Costs - Estimate	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Michael McFadden		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MN</b>	
Calendar Year-To-Date Per Election for Office Sought <b>570659.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>	
Mailing Address 3050 K Street NW Ste 100		Amount <b>459866.00</b>	
City Washington	State DC	Zip Code 20007	Transaction ID : <b>SE.4201</b>
Purpose of Expenditure Media Buy	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Michael McFadden		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MN</b>	
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>484866.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>484866.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carrie Lucking

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 22 / 2014**

Signature